

Colleagues, my thoughts on the virus and the Governor's planned announcement later today, in anticipation of our Work Session tomorrow.

Summary:

It's anticipated the Governor will lift certain restrictions on gathering. We'll have more infections.

We cannot allow a rise in hospitalizations to overwhelm our healthcare system. We will be able to anticipate when new behaviors result in new cases and hospitalizations so we can act to protect our hospitals from being overwhelmed.

- We know what the curve of hospitalizations looks like under our stay at home rules (achieving a 93% reduction of infection transfers).
- We know the capacity of our hospital system, that is, we know how high the curve can get before the system breaks, like NY.
- We know how long it takes for new infections to show up at the hospital and the resulting rate by which hospitalizations increase once they start incurring at a greater rate (that is, how quickly the hospitalization rate continues rising once it starts up).
- We don't know what the curve will be with the rules the Governor announces – we'll only know after the fact.
- But we can model and know when we would need to respond.

We can establish warning signals and set a trigger based on the experience we've just lived through and the best advice from medical experts, modelers and doctors. If we hit the warning points and reach the trigger, we have the ability to return to shelter at home rules to avoid a NYC-style crisis. We will use all the tools available to us at that point to flatten the curve.

Our community should take a moment to recognize the incredible work we've done to "flatten the curve." A month ago, we didn't know if this could be done or how our community would respond. There has been such a selfless, sacrificial spirit that this threat has revealed. It was always there. But you don't know how powerful it is until circumstances (a challenge like this) brings it out so clearly. It has been inspiring to me to see that spirit in our city take the shape that this crisis has and is calling for.

Discussion:

We will learn later today what the Governor announces as to the timing and substance of his plan to reopen the economy. He has said that public health and safety is his first priority and that he will be guided by science, facts, and the doctors. We will hold him to that.

We were elected to do all we can to try to keep Austin safe and we share the Governor's commitment to public health and safety, and to making deliberate, data-based decisions. We will act accordingly.

There are no easy choices with this virus. The hard truth is we need a vaccine or an effective treatment and nothing short of that will save us from having to make choices that we don't like. We are going to be taking risks. We will be transparent and honest with our community about the science, and those choices and risks.

Is Austin ready to open back up the economy?

On one end of the spectrum, we could operate as we are now – with as much social distancing as possible to limit spread. This is the surest way to avoid infections and deaths, to protect against a surge that overwhelms our hospitals, and to buy us more time to ramp up supplies, testing, contact tracing capabilities, research, planning, etc. Because of impacts on social needs, commerce, economic well-being, etc., we know this is not sustainable over a very long period of time.

On the other end of the spectrum, if all physical interaction restrictions are lifted, the virus will spread rapidly. We would face a surge peak quickly. We'd more quickly develop high levels of herd immunity which we believe will limit further spread. But our community would lose thousands of lives and our health system would be overwhelmed. This, also, is not a viable option.

What are the scenarios and choices associated with some measure of opening up the economy? Our modelers tell us...

- We are currently achieving a 93% reduction in virus transfer. If the economy opens on May 1 and we stay above an 80% reduced virus transfer, we will still avoid a surge that overwhelms our hospitals if we **cocoon** and maintain 90+% transfer reduction (w/continued shelter at home) for the most vulnerable and susceptible:
 - = nursing home residents
 - = people experiencing homelessness
 - = people w/underlying medical condition (eg, diabetes, lung/cardio vascular diseases)
 - = and symptomatic people and their families
- If we drop to lower than an 80% reduced virus transfer, and we still cocoon the most vulnerable and susceptible as described above, we will have a surge that will overwhelm our hospitals unless we respond.
- For example, if we open the economy on May 1 in a way that causes us to regress from a 90% reduction in virus transfer to a 40% reduction,
 - even if we still otherwise **cocoon** (maintain 90+% reduction w/continued shelter at home for the most vulnerable and susceptible Austinites):
 - = nursing home residents
 - = people experiencing homelessness
 - = people w/underlying medical condition (eg, diabetes, lung/pulmonary vascular diseases)
 - = and symptomatic people and their families
 - We will have a surge in 45 to 60 days that, if not shut down, will overload our hospitals. To respond to this surge, we would need to issue another shelter at home order to again flatten the curve enough to stay within our existing hospital capacity. Under this scenario, and even though our hospitals will not be overwhelmed, there will be elevated deaths.
- Importantly, with the lessons learned from our recent experience, we can identify now the point in the future at which, in an increasing spike or surge, we need act so that the curve will flatten. The community will be able to see in real time whatever curve we are on at that point (what percentage reduction in virus transfer is resulting from new behaviors) and whether and how quickly we are approaching a pre-determined point at which we need to act.
- There are many things we can do to limit the transfer of the virus and thus impact the curve we are on. These include behaviors like maintaining **6+ foot distancing, wearing face coverings, washing hands**, and absolutely **staying home if we're not feeling well**. We should still **avoid larger groups** and stay home generally as much as we can. We must also increase the **testing** we do because the earlier we can identify, and then isolate, people with the virus the fewer the number of people they'll infect. We must increase our capacity to **contact trace** so that we can identify and then isolate possible clusters of infected people before the infection passes to others outside the cluster. Importantly, we **must cocoon**, isolate and protect our most vulnerable and susceptible neighbors because these people are the most likely to suffer the most severe consequences of the virus.

Questions:

- Since moving away from shelter at home will result in more infections and deaths, at what level are we willing to accept a return to greater economic activity?
- To what extent is our community willing to maintain mitigation efforts, for example:
 - = face coverings
 - = 6+ foot social distancing, etc.
 - = logging in presence in locations to better enable subsequent contact tracing
 - = using cell phones to identify and record contacts to better enable contact tracing
 - = self-isolating if not feeling well (person and their families)

- How effective are masks and social distancing? We don't know for certain – these measures represent our best efforts to protect those who cannot shelter at home. Could it be that cities are seeing curves flattened only because of the sheltering orders (that have minimized physical interactions)?
- Importantly, and necessarily, is society willing to do what it takes to cocoon the most vulnerable and susceptible? In addition to isolating nursing home residents and people experiencing homelessness, among other, this would also mean incentivizing sick people to stay home at the first sign of symptoms. This means paid sick leave. It means having all employees with diabetes, lung disease, cardio-vascular disease, etc., tele-commute or otherwise get support while not working.
- What individual choices will people make, regardless of any Governor's orders? Are we willing to shelter in place as much as possible to give our community more time to get ready to take on the risks involved?
 - = to have the current virus situation even further reduced?
 - = to ramp up even more virus testing to find outbreaks? The goal is to test between .75 to 1.5/people per thousand per day. That's between 1,000 to 2,000 tests per day in Austin/Travis County. So far, we've tested about 10,000 people in total. Our current capacity to test is about 800 tests/day.
 - = to have the tracing/isolating capacity to contain any outbreak? Some cities, especially those that are facing a large number of confirmed cases, are building and deploying armies of test teams.
 - = and to have the discipline to additionally continue to mask/distance/isolate?
 - = to identify and muster the resources to cocoon nursing homes/populations experiencing homelessness/other susceptible and vulnerable?